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CITY OF WARWICK
ZONING BOARD OF REVIEW
WARWICK, RHODE ISLAND 02886
(401) 921-9534

RECEIVED
WARWICK ZONING BOARD OF REVIEW

AUG 10 2023

PETITION # 10926

Date 8-10 20 23

The undersigned hereby applies to the Warwick Zoning Board of Review for the following:

- SPECIAL USE PERMIT DIMENSIONAL VARIANCE
- USE VARIANCE APPEAL
- AMENDMENT TO A PREVIOUSLY GRANTED RESOLUTION

Applicant: John J. Davidson III Address: 212 Regent Ave

Owner: John J. Davidson III Address: _____

Lessee: _____ Address: _____

1. Ownership Tenure

DATE OF PURCHASE of the above stated property by the CURRENT OWNER:

Will ownership of said property be transferred by the CURRENT OWNER TO THE APPLICANT for developmental purposes? _____

2. Street Address of Premises 212 Regent Avenue

3. Assessor's Plat & Lot 359 3
Plat No. Lot No.

4. Dimensions of lot 70' 7,000
Frontage Depth Area Square Feet

5. Zoning District in which premises is located A-7

5. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes

If YES, how many buildings? 2

Identify the size, height and use of each building:

- (1) 660 sq ft, 15.9' height, residential home
- (2) 90 sq ft, 8' height, shed
- (3) _____

**Note: Use additional sheet (s) of paper, if necessary.

7. Present use of premises: Residence
 Proposed use of premises: Residence

8. Total number of RESIDENTIAL UNITS 1
 Total number of COMMERCIAL UNITS 0

9. Have plans for the proposed construction activities/change of use for any existing and proposed building (s) been submitted to the Warwick Building Official?

Yes () No () Does not apply ()

If yes, has a building permit been refused? Yes () No ()

10. Type of Sewer System - Public Private _____
 Septic _____ Cesspool _____ Sewers

11. Is the subject property located in a flood zone? No
 If so, what flood zone? _____

12. Is the subject property located in a Historic District? No
 If so, have you received approval from the Historic District Commission? _____

13. Does your application required Planning Board approval? _____
 If so, have you applied and received approval from the Planning Board _____

14. SPECIAL USE PERMIT

A. State existing use of premises Residential home

B. Proposed use of the property in detail Use would not change from primary residential home

C. LIST precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the SPECIAL USE PERMIT described in above.

D. Describe how the granting of the SPECIAL USE PERMIT will meet the requirements of the Zoning Ordinance per Section 906.3 (C)

15. VARIANCES – (USE OR DIMENSIONAL)

A. State existing use of premises Residential home that acts as primary living space

B. Proposed use of the property in detail We are looking to maximize living space

C. List precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the VARIANCE described in above.

D. Identify grounds for the proposed VARIANCE. As required in Section 906.3 (A) and 906.3 (B) of the Zoning Ordinance.

16. APPEALS

A. Appeal of the Building Official (Attach a copy of any denial, notification, violation or correspondence relating to appeal).

1. Date of denial/issuance of permit or date of alleged error in enforcement of Ordinance. _____, 20_____

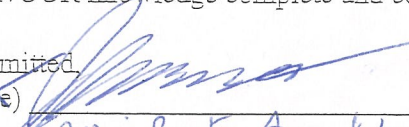
2. Basis of Appeal (Cite applicable provisions of the Ordinance).

B. Appeal to the Warwick Zoning Board of Appeals from an action of the Warwick Planning Board. (Note: Attach all copies of correspondence, plans and the written decision pertaining to the appeal, including any transcript, audiotapes, constituting the record upon which the action appealed was taken, per Section 906.4 (A) of the Ordinance.

Basis for Appeal (Cite applicable Ordinance provisions)

I/We the UNDERSIGNED, swear that all information provided in this APPLICATION is to the best of MY/OUR knowledge complete and correct in every detail.

Respectfully submitted,

(Owner Signature) 

(Address) 211 Payson Ave Warwick, RI

(Phone) 401-263-1467 EMAIL: John.Davidson1983@gmail.com

Respectfully submitted,

(Applicant Signature) _____

(Address) _____

(Phone) _____ EMAIL _____

Attorney:

Name: _____

Address: _____

Phone: _____ EMAIL _____

*PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ANY EXISTING STRUCTURE

amv.e.cota@warwickri.com

THIS APPLICATION MUST BE REVIEWED FOR COMPLETENESS BY THE BUILDING OFFICIAL PRIOR TO BEING SUBMITTED TO THE ZONING BOARD. PLEASE BE SURE TO REVIEW REQUIREMENTS CAREFULLY.

*PLEASE NOTE A CLASS I SURVEY IS REQUIRED